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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** La Bone Aventure, Inc  
Name of Corporation

**DOCUMENT NUMBER:** P01000051466

~~The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.~~

Please return all correspondence concerning this matter to the following:

Jennifer Uzcategui  
Name of Contact Person

La Bone Aventure Inc  
Firm/Company

8739 Stirling Rd  
Address

Cooper City, FL 33328  
City/State and Zip Code

jenny2000susy@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Uzcategui at ( 954 ) 680-0668  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Cristobal Paul, hereby resign as President  
(Title)

of La Bone Adventure, inc  
(Name of Corporation)

P01000051466, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

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STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314